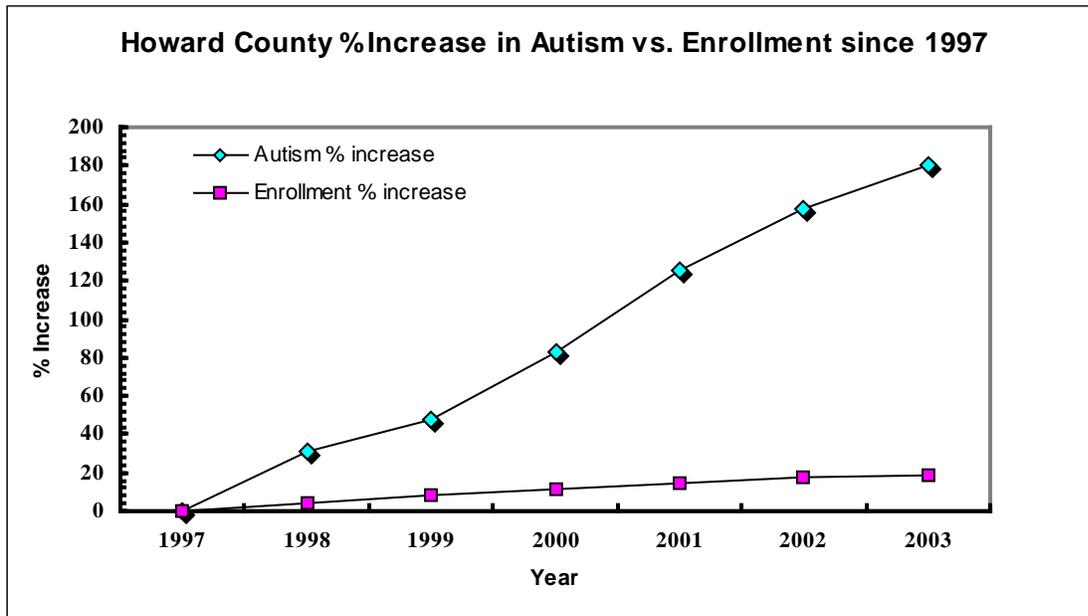


## Early Intervention Charter Committee

### *Background*

In 1943 Dr. Leo Kanner, a psychiatrist at the Johns Hopkins University, identified the complex disability of autism. Although many causal theories have been presented since its earlier discovery, we now know that autism is a neurological disorder that can profoundly affect the development and functioning of the brain. Currently, Autism Spectrum Disorders encompassed by the term “autism” include autism, pervasive developmental disorder, Asperger’s Syndrome, Childhood Disintegrative Disorder, and Rett’s Syndrome. Autism typically appears before a child is three years old, and is four times more common in boys than in girls. This disability impairs an individual’s ability to communicate, interact normally with others and process sensory signals. Children and adults with autism often look normal, but seem to have withdrawn into their own world. Because of its potentially devastating impact on language, social skills, emotions and behavior, autism often presents a serious problem for the people who have it and their families. Ethnic background, social status, family income and educational levels do not affect the chance of autism’s occurrence.

Since 1997 the number of children diagnosed with autism in Maryland has increased by 218 %. In that same time period, Howard County Public Schools (HCPSS) has shown a 180% increase in students diagnosed with autism while the increase in overall HCPSS enrollment rose by 18%. Students with autism in HCPSS represent 7.12% of the total population of students with disabilities served in special education while the statewide representation is only 3.59%. The large increases seen statewide and locally in the number of children with autism is consistent with the increasing rates being reported by jurisdictions throughout the nation. This significant increase in the diagnosis of students with autism continues to present ongoing challenges for school systems in the delivery of early intervention services.



In June 1998 the Department of Special Education in collaboration with the parents from the Howard County Chapter of the Autism Society of America presented a report known as the

“Autism White Paper” to the Board of Education. The report recommended expansion of early intervention services and programming that HCPSS offers for students with autism. The committee recommended that the board approve the contents of the White Paper with the recommendation that the option of a nonpublic school known as Community Services for Autistic Adults and Children (CSAAC) placement, be part of the continuum of services that HCPSS offers. At that time CSAAC was the only Maryland State Department of Education approved nonpublic school in Maryland offering home-based discrete trial training. The board approved this action as recommended.

Since 1998, early interventions services for students with autism in HCPSS have been expanded to include full day services and the delivery of research based, “best practice” methodologies. Student to teacher ratios in the Howard County Early Interventions Program have been kept consistently low and services as defined in the Individualized Family Service Plan (IFSP)/ Individualized Education Program (IEP) are delivered effectively. However, in the years immediately following the decision to add CSAAC to the continuum, staff as a practice, would agree to refer a student for a CSAAC placement if requested, even when the school team felt that HCPSS had an appropriate program. Staff did not want to request a due process hearing to remedy any disagreements regarding the placements of young children with autism.

In the spring of 2003, the Department of Special Education reviewed its IEP policies and practices and determined that IFSP/IEP procedures used for young students with autism should be consistent with all HCPSS IEP procedures for students with disabilities as outlined by the Individuals with Disabilities Education Act (IDEA) and detailed in state special education regulations. The procedures needed to be aligned specifically with the school system's general procedures for placing children with disabilities in nonpublic schools. That is, students receive nonpublic services when a local school is unable to deliver an appropriate IFSP/IEP and/or the student is not making sufficient documented progress. Prior to this alignment of procedures, parents of young students with autism wishing to establish a home-based, one-to-one, discrete trial program had previously been able to choose to send their child to the nonpublic school, Community Services for Autistic Adults and Children (CSAAC).

The change in procedures caused concern for some parents of young children with autism and representatives from the Howard County Chapter-Autism Society of America (HCC-ASA). Concerns were expressed specifically related to the provision of one-to-one discrete trial methodologies that parents felt they would no longer be able to access given the change in the approval process. To address these concerns, Dr. James Walsh, Director, Department of Special Education, and Mr. Robert Glascock, Assistant Superintendent, Curriculum and Instruction, appointed a charter committee of stakeholders known as the Early Intervention Charter Committee (EICC).

### ***Charter Committee***

The EICC held the first of five meetings on March 24, 2004. The charter presented to the group at this meeting had previously been reviewed by an appointed planning committee that consisted of DSE staff, a staff development facilitator, parents and a community and state representative. This smaller planning committee met numerous times from February to August and was instrumental in guiding the committee's process and work.

The committee was charged with the following tasks:

- To review and make recommendations regarding the current continuum of early intervention services provided for students with autism, birth through five, in light of current research and best practices.
- Generate student profiles and offer possible suggestions for parents and IFSP/IEP teams to consider when attempting to resolve disagreements over services requested
- Make recommendations regarding the development of a process whereby school Individualized Family Service Plan (IFSP)/Individualized Education Program (IEP) teams and parents could resolve differences regarding the provision of services
- Submit a summary of their review and recommendations to Dr. James Walsh
- Ensure that all recommendations are in compliance with all HCPSS policies and procedures and all state and federal laws specifically the Individuals with Disabilities Education Act (IDEA) and the Code of Maryland Regulations (COMAR 13.A.05.01).

### ***Participants***

Participants on the committee included central and school-based staff, parents, Maryland State Department of Education (MSDE) staff and members of the Howard County Chapter of the Autism Society of America (HCC-ASA). Members of the Special Education Advisory Committee (SECAC) and the HCPSS Citizens Advisory Committee (CAC) were invited to participate but declined since they felt the committee already had adequate stakeholder representation. Ms. Diana Mitchell, Special Education Consultant and Mrs. Deborah Clutts, parent co-chaired the committee. Ms. Mary Teague served as facilitator.

### ***Committee process***

The EICC met for a total of five half-days in a large-group meeting format. Participants decided to break into two groups to accomplish the charge set forth in the charter. The groups were referred to as Groups I and II and membership in each was representative of the larger committee. Each group was given a binder of current research articles and resources to assist them in their investigations. Participants were also encouraged to seek other current research and resources and share with committee members for analysis. Due to the volume of complex readings Group I arranged to meet on two occasions outside of the larger committee meeting. Both groups brought forth draft recommendations that were clarified and revised before reaching consensus by the EICC. All participants were given ample opportunity to react to all recommendations during meetings and by email and/or telephone contact with planning committee members.

### ***Group I Recommendations***

The EICC committee received draft recommendations from Group I and formulated final consensus recommendations for consideration by Dr. James Walsh and his department. These recommendations were made in regard to the HCPSS-DSE current continuum of early intervention services provided for students with autism, birth through five, in light of current research and best practices.

### **The Early Intervention Charter Committee (EICC) recommends that the Howard County Public School System (HCPSS) Department of Special education (DSE):**

1. Develop an assessment checklist to be utilized countywide by teachers and related service providers who deliver early intervention services to students with autism and related developmental disabilities, birth through five. This checklist would be used to assess each child individually, on an ongoing basis, and would assist Individualized Family Service Plan (IFSP) and Individualized Education Program (IEP) teams with educational programming decisions. The checklist shall assess the following factors related to the individual child:
  - Family demographics and needs
  - Learning style
  - Developmental strengths and weaknesses
  - Past and current methodologies used or attempted
  - Implications of utilizing specific methodologies or programs
  - Input from staff and non-HCPSS professionals
  - Ongoing data collected on progress toward IFSP outcomes and IEP goals and objectives

The current locally developed checklist used by early intervention staff should be expanded and revised so that it gathers individual child/family information related to the above factors. This assessment checklist should be designed for consistent use by all staff involved in the decision making process for students with autism, birth through five. Decision making which includes the ongoing collection and analysis of consistently gathered data is a key component of programming decisions, particularly for the assessment of which methodologies should be used for an individual child. The Maryland State Department of Education's (MSDE) forthcoming Service Delivery Guidelines for Young Children with Autism cites the National Research Council's monograph, Educating Children with Autism (2001), and its recommendation that the assessment of a child's progress in meeting outcomes and objectives should be used on an ongoing basis to further refine the IFSP/IEP. The MSDE document recommends that the lack of objectively documentable progress over a three-month period should lead IFSP/IEP teams to consider increasing the intensity of services by changing one or more of the following: increasing student/teacher ratios, increasing programming time, modifying curricula, changing instructional methods, or providing additional training and consultation. Additionally, the President's Commission on Special Education (OSERS, 2002) strongly encourages the use of scientifically validated, continuous progress monitoring for making instructional decisions that lead to effective special education

services. Research indicates that response to intervention (RTI) models of evaluation, which use the quality of student responses to research-based interventions as the basis for decisions about needed services, have a positive impact on progress toward student outcomes (Barnett, Daly, Jones, & Lentz, 2004).

2. Expand the existing HCPSS-DSE early intervention programs for students with autism and related developmental disabilities, birth through five, through the development of a new program delivered by the HCPSS -DSE. This new program would increase the intensity of services delivered to students by utilizing one-to-one methodologies. The exact hours for each student would be determined on an individual basis through the IFSP/IEP team decision-making process that includes the parent. One-to-one methodologies used in the program may include, but not be limited to, the following:
  - Applied Behavioral Analysis (ABA)
  - Discrete Trial
  - Incidental Teaching
  - Verbal Behavioral Analysis (VBA)
  - Floor Time
  - Routines Based Intervention
  - Treatment and Education of Autistic and Related Communication Handicapped Children (TEACCH)

This program may take place in a school-based and/or home-based setting and may consist of a combination of 1/2-day Regional Early Childhood Center (RECC) classroom, and 1/2-day one-to-one teaching program. HCPSS-DSE would have full oversight and responsibility for the implementation of this program. A pilot program should be instituted by the 2005-2006 school year.

The current HCPSS-DSE early intervention services delivered to students with autism, birth through five is a model program that meets the needs of most young students with autism. Presently students who require more intense delivery of one-to-one methodologies and increased home services must be referred to a nonpublic setting run by Community Services for Autistic Adults and Children (CSAAC). Staff report that students transitioning to kindergarten and first grade from a nonpublic setting often have difficulty adjusting and transitioning to the new school environment which can result in the loss of critical instructional time in the first few months. Research also supports this finding that children with autism have significant difficulties generalizing skills between different environments. The committee believes that HCPSS-DSE can serve students who require increased one-to-one instruction and home services through a program run and staffed by its own personnel. HCPSS-DSE would need to consider budget sources to fund the professional development and additional staff required to provide increased services. The present nonpublic, local budget should be considered as a possible source of funding for the program. This new program would potentially benefit a wider group of young children with autism and be designed to increase the generalization of skills between the home and school environment, therefore promoting independence, positive behaviors and accelerated learning. Parents may also feel more connected to the community and the HCPSS by having their child attend an HCPSS-DSE program rather than a program delivered by a nonpublic school. This recommendation aligns with the forthcoming

MSDE Service Delivery Guidelines for Young Children with Autism. These guidelines state that effective programs and intervention models for young children who have autism reveal the following commonalities: appropriate program content, highly supportive learning environments, selection of effective instructional strategies, data-based decision making, functional approaches to challenging behaviors and direct and early, intensive intervention.

3. Establish a committee comprised of HCPSS-DSE staff, parents and representatives of community groups, including the Howard County Chapter of the Autism Society (HCC-ASA) and the Special Education Community Advisory Committee (SECAC) to assist in the development and implementation of the new program and charter recommendations. A representative from MSDE, and local experts in autism research should be invited to act as consultants to the committee. A DSE staff member(s) who has expertise in autism and related disorders should chair this committee. (See Group I, Recommendation 4, below.)

This recommendation aligns directly with the No Child Left Behind (NCLB) Act of 2001 and research findings that show the benefits of family involvement at the individual and systems level. A team approach to new program development and other related charter recommendations will ensure multidisciplinary input, parent satisfaction and stakeholder support. A collaborative relationship between parents and service providers will maximize the benefits that children with autism and related disorders receive.

4. Create a new 12-month position within the DSE early intervention office to guide the coordination and implementation of the recommendations of this charter committee and the new program described in Group I, Recommendation 2. The staff person designated would have broad-based expertise in the areas of autism, early intervention, and program development and evaluation.

The committee suggests that a dedicated staff member is needed to guide the coordination and implementation of the recommendations of this charter committee and the new program described in Group I, Recommendation 2. This position would chair the committee described in Group I, Recommendation 3, consistently monitor the effectiveness of all recommendations implemented, provide professional development and training for staff and parents and oversee in home service providers. This position would help facilitate consistent support and coordination between families and schools and assist in improving student opportunities for planned generalization of newly acquired skills.

5. Continue and expand ongoing professional development regarding the newest methods and/or technology for all special education staff and service providers working with students with autism and related developmental disabilities, birth through five.

Professional development delivered to all staff is integral to the delivery of a quality program for students with autism, birth through five. All special education staff and service providers require the knowledge and expertise necessary to make sound judgments regarding which types of approaches are likely to be most effective and how those approaches may be combined to enhance their effectiveness. This recommendation

aligns with NCLB regarding the provision of highly qualified teachers and paraprofessionals, and having personnel with the knowledge of research-based practices.

6. Continue to offer a nonpublic placement if an HCPSS-DSE program cannot provide the services outlined in the IFSP/IEP of an individual student. HCPSS-DSE will continue to use nonpublic placements that deliver Applied Behavioral Analysis one-to-one methodologies.

The Individuals with Disabilities Education Act (IDEA) and The Code of Maryland Regulations (COMAR) 13A.05.01 require that HCPSS-DSE offer a full continuum of alternative placements which includes nonpublic placements. The availability of a full continuum of placements in HCPSS ensures the provision of a free appropriate public education (FAPE) for students with disabilities. As HCPSS-DSE increases its capacity to provide an expanded program, the need for nonpublic placements may be reduced.

7. Develop an autism resource intervention directory, which would:
  - Identify school system staff and others who have specific expertise in instructional strategies and methodologies that school teams could access.
  - Identify parent and community resources
  - Define how teams could access existing staff; i.e., Assistive Technology Team (ATT), behavior specialists, psychologists, resource teachers, etc. to assist them in programming for students with autism.

This directory would provide a listing of HCPSS-DSE staff, parent and community resources that have particular expertise or training in instructional strategies and methodologies that could lend valuable assistance to school-based teams. The directory would also help to define how the services that existing HCPSS-DSE staff offer can be used to assist staff and parents in programming for young students with autism and related developmental disabilities. It is anticipated that these resources would be tapped to provide professional development and training for HCPSS-DSE staff and parents.

8. Continue to consider current, research-based information and methodologies to enhance programming for students with autism and related developmental disabilities. Central office staff would continue to explore and share with school staff cutting-edge programs, which appear to be promising practices for the instruction of students with autism and related developmental disabilities.

This recommendation is aligned with NCLB that requires the use of research-based instructional practices. Ongoing and recent research in the areas of diagnosis, etiology, epidemiology, and early intervention services continues to advance our understanding of the necessary components of a quality program for students with autism. HCPSS-DSE central office staff will continue to stay apprised of promising advances in the delivery of instructional practices for students with autism and related developmental disabilities and incorporate them into the professional development and training plan for staff and parents. The continued identification and incorporation of research-based practices into the fabric of HCPSS-DSE policies, procedures, and professional development will accelerate the achievement of individual student goals.

9. Expand collaborative opportunities between parents and professionals by the sharing of information and/or opportunities for seminars and workshops on an ongoing basis. The diverse needs of families must be considered when staff develop and implement how information, seminars and workshops are delivered.

The implementation of this recommendation will strengthen the working relationship and dialogue between parents and staff. Current research indicates that increased family involvement in a child's program is a key component in reaching positive child outcomes. When staff and family members have the knowledge and training necessary they are more likely to make sound judgments regarding which types of approaches would be the most effective for the individual child. Families who reside in Howard County are increasingly diverse culturally, linguistically, and economically; therefore, training opportunities must be designed to meet their individual needs. Some families are less able to access existing training and support opportunities and may require more individualized training.

10. Refine and disseminate to all staff and parents suggested transition models/guidelines that can be followed when children are transitioning between grades, placements, and/or methodologies. The transition model would specifically address transitions from home to school, RECC to elementary, and one-to-one instruction to school-based groupings. The models/guidelines shall include a section on the importance of behavioral plans for effective transitioning and shall be designed so that staff and parents can collaboratively choose strategies based on individualized student needs.

A common characteristic of children with autism is their difficulty transitioning to new activities, situations and unfamiliar environments. The transition of children from the Infants and Toddlers Programs to IEP services at age three, from preschool programs to elementary programs at age five/six and from nonpublic placements to public school placements present many challenges for children, families, and professionals. The refinement and dissemination of models/guidelines for transitioning students with autism and related developmental disabilities would provide staff, families and IFSP/IEP teams assistance in the systematic planning, implementation, and follow-up activities needed to ensure that the child and family move to the next setting successfully. For successful transitions, it is important that all key personnel and stakeholders be involved in the process and that their roles are understood and valued. Key personnel included in transition activities should include all current service providers, parent(s), the child, and current, as well as future, administrators and service providers.

11. Distribute the following information to parents and staff and post on HCPSS-DSE website.  
MSDE Service Delivery Guidelines for Young Children with Autism (when available) that includes:

- Disability information
- Evaluation and Assessment
- Elements of effective service delivery
- Effective practices
- Methodologies
- Glossary of terms
- Website links
- Supports available

HCPSS-DSE information related to the provision of services for students with autism, birth through five:

- Continuum of services offered by HCPSS-DSE
- Community resources
- Supports for parents and staff
- Dispute resolution information

Increased information and communication will assist both staff and families in making educational and community resource decisions when programming for young children with autism and related developmental disabilities. The information gathered will be especially helpful to parents of recently diagnosed children with disabilities. Open communication is key to successful, collaborative partnerships between parents and professionals.

## **Group II Recommendations**

The EICC committee received draft recommendations from Group II and formulated final consensus recommendations for consideration by Dr. James Walsh and his department. These recommendations were made in regards to the development of a process whereby Individualized Family Service Plan (IFSP)/ Individualized Education Program (IEP) teams and parents could resolve differences regarding the provision of services.

The Early Intervention Charter Committee (EICC) recommends that the Howard County Public School System (HCPSS)- Department of Special Education (DSE):

1. Provide professional development and parent training for all members of the IFSP/IEP teams on Interest-Based Negotiation. This training should be offered on an ongoing basis and delivered at various times throughout the day/evening so as to accommodate staff and parent schedules.

Interest Based Negotiation teaches all participants the necessary strategies that are helpful in negotiating a positive solution to differing opinions/recommendations. Normal attrition of the members of the IFSP/IEP teams results in the need to offer this training on an ongoing basis as part of the DSE regularly scheduled professional development offerings. As full members of the IFSP/IEP teams, parents would benefit from this training and should be given the opportunity to attend day or evening sessions with staff. This recommendation also aligns with recommendations of the Consortium for Appropriate Dispute Resolution in Special Education (CADRE), a resource funded by the United States Department of Education, Office of Special Education Programs. CADRE recommends the use of multiple processes that mirror the five stages of conflict: prevention, early resolution, conflict resolution, formal procedural safeguards and legal review.

2. Refine the process for individual student review to ensure consistency across all early intervention programs. An on-going, data-driven, efficient process would be designed so that all team members, including parents, can review data, problem-solve as partners, and regularly communicate the rationale behind decisions in developing and reviewing each child's program (See Group I, Recommendation 1).

A standardized data-collection and data-based decision making process consistently used by all early intervention staff would increase communication and trust, improve relationships among parent and school-based team members, and ultimately improve the programming for children. The data-collection tool would assist IFSP / IEP teams in tracking student progress and making data-driven programming and instructional decisions. This recommendation aligns with research findings, the No Child Left Behind Act (NCLB) that requires the use of methods that are scientifically based and data driven, and the recommendations of the President's Commission on Special Education.

3. Continue to provide opportunities for families who are currently in conflict with HCPSS-DSE an additional means to participate in a collaborative and informal conflict-resolution process. Throughout the IFSP/IEP process parents in conflict would be informed of their right to request formal mediation and/or a due process hearing in conjunction with information on how to access other HCPSS-DSE informal avenues of resolution. The DSE would publish an outline of possible supports that parents could access to assist them in resolving conflicts. The supports may include existing staff; i.e., school-based personnel, resource teachers, instructional facilitators, Family Support and Resource Center staff as well as the new parent liaison position being recommended by this charter. Another step in the HCPSS-DSE informal resolution process would be developed whereby parents could request an Informal Resolution Meeting. The Informal Resolution Meeting would provide parents the opportunity to meet with the director/coordinator of the DSE and the instructional facilitator for community and nonpublic programs to discuss and hopefully resolve issues of conflict. If both the DSE staff and parents agree, then an outside facilitator could be used to facilitate the Informal Resolution Meeting.

The Department of Special Education has a strong commitment to collaborating with families to promote successful partnerships for student success. Many families share that same commitment and when they are in conflict or differ with the decisions being proposed by the school personnel of the IFSP/IEP team do not want to go directly to the mediation and due process procedures outlined in their parental rights booklet. Providing parents with the knowledge of all the existing HCPSS-DSE supports that can assist them and their school staff in addressing issues may help to resolve problems quickly and preserve the parent-staff relationship that is critical to ongoing communication and student progress. Offering a voluntary informal resolution process along with their parental rights to mediation/due process provides parents additional choices to resolve conflicts. This recommendation also aligns with recommendations of the Consortium for Appropriate Dispute Resolution in Special Education (CADRE), a resource funded by the United States Department of Education, Office of Special Education Programs. CADRE recommends the use of multiple processes that mirror the five stages of conflict: prevention, early resolution, conflict resolution, formal procedural safeguards and legal review. During each stage CADRE suggests levels of interventions similar to the steps recommended by this charter.

4. Expand partnerships with the Howard County Chapter - Autism Society of America (HCC-ASA) and other related organizations to better support and inform families.

By partnering to provide consistent information regarding services, resources, and supports to families, both HCPSS-DSE and HCC-ASA will be better able to inform and support families of students with autism. When families contact either HCPSS-DSE or HCC-ASA they should be able to receive consistent information regarding the IFSP/IEP process, continuum of services, program descriptions and methodologies used, community resources, support groups and upcoming events. Partnering will require that both HCC-ASA and HCPSS-DSE staff be knowledgeable concerning each other's services and supports for families. The committee believes that fully informed families and professionals are less likely to end up in dispute over services.

5. Hire a parent liaison(s) who that would work with families receiving early intervention services. This person would provide support for families, conduct home visits, and provide trainings and linkages for families to other resources and information. The parent liaison would also assist with parent and staff communication.

This recommendation recognizes the need for parents to connect with and support each other during the early years of coping with the emotional impact of having a child with a complex disability. The parent liaison would be able to build trust and collaboration with parents new to the special education system and guide them to needed school and community resources. This personal, parent-to-parent contact should assist in preventing and/or resolving disputes between parents and staff. It should be noted that the original Multiple Intense Needs Classes (MINC) program had two contracted parent liaison positions that were found to be beneficial for families and school-based staff with regard to communication, conflict resolution, and the linkage of families to supports and resources. Funding for these contracted positions was reallocated to the HCPSS-DSE Family Support and Resource Center to support all families of children with disabilities, birth to twenty-one.

6. Expand and explore a variety of ways to get consistent and current information to parents.

Parents need to have all necessary information provided to them so that they can participate as full members of the IFSP/IEP team in making programming decisions for their child. Diverse parent needs must be considered; therefore, information should be consistently disseminated through written materials, flexible training schedules and the HCPSS-DSE web site.